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21186 7590 04/20/2004

**SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.**  
**P.O. BOX 2938**  
**MINNEAPOLIS, MN 55402**



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### Certificate of Mailing or Transmission

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Lynne Mitchell-Becker	(Depositor's name)
Lynne Mitchell-Becker	(Signature)
7/20/2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/932,141	08/17/2001	Kari Parmer	723.018US1	5151

TITLE OF INVENTION: TRAJECTORY GUIDE WITH INSTRUMENT IMMOBILIZER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 1330.00	\$300	\$965	07/20/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
ROBERT, EDUARDO C		3732	606-108000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Schwegman, Lundberg,**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Image-Guided Neurologics, Inc.

Melbourne, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee

Publication Fee

Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.

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(Authorized Signature)	(Date)
<i>SD Avera</i> July 20, 2004	
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07/23/2004 GWORDD02 00000024 09932141

01 FC:1501	1330.00 OP
02 FC:1504	300.00 OP
03 FC:8001	30.00 OP

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